Warranty & Claims Department 803 Belden Road Jackson, MI 49203

Toll Free #: 1-866-850-4447

Email: kpproductswarranty@saint-gobain.com



## **Claim Number:**

! WAF	RNING	Missing in	formation will D	ELAY resolution!	
Jame:			Name:		
(Home/property	(Home/property owner - first and last name)			(Spouse or secondary owner, if any)	
omplaint ddress:			Mailing Address:		
ity, State, ip:	,		City, State, Zip:	,	
none #:			Email:		
Property Type:	☐ Single-Family Home ☐ Duplex		☐ Rental☐ Condominium	☐ Co-Operative Housing ☐ Commercial/Business/Other	
Ownership:	A. Did you own the	property when th	e product was installed?		
	☐ Yes	☐ No	If No, date purc	hased:	
			ed or had built a new constr ve/reside within the property	cuction property. In other words, were you the ??	
	B. You <u>must</u> provid	le Proof of Owners	ship (please provide at lea	st one of the following):	
	☐ Copy of Property Deed		□ Сор	☐ Copy of a Current Mortgage Statement	
	☐ Copy of	a Currently Dated !	Property Tax Record		
Name of siding profile:			Color:	Profile: (ex: D4" D5", etc)	
. Wall(s) affected (Check			right walls as if viewing fro	om the front of the property):	
☐ Front	☐ Back	☐ Left	☐ Right	☐ Others	
Date of product installar	tion:	Month	Day	Year	
7. Number of squares on building: Total (1 square = 10' x 10' area)		Amount Affecte	Amount Affected		
What is the nature of th	e problem:				
. Who supplied the mater	ial?				
Company:	ompany:			Contact:	
Address:					
City, State, Zip:			Ph	Phone #:	
: Submit Photos - REQUI	RED				
		nt, Back, Left, Rig	ht (4 Photos minimum sh	owing entire height and width	
of each side of the	,	1 .			
B. <u>Close-Up</u> : Tak					
0. Proof of KP Building F			submit proof material is k	KP manufactured product.	
			KP Building product).	ontwoot/Overte/Did stating VD Devilding Devil	
		-		ontract/Quote/Bid stating KP Building Products	
	Copy	of Dated Applicabl	c warramy		

Sample of the Siding Installed or a Leftover Piece

Box End Label